

**CIN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Murugesh et al.  Application No: 10/797,286 Confirmation No: 2942  Filed: March 9, 2004  Title: GAS DISTRIBUTOR HAVING DIRECTED GAS FLOW AND CLEANING METHOD		Group No: 1763  Examiner: Rakesh Kumar Dhingra Attorney Docket No: 006477 USA/CPS/IBSS/HM  July 18, 2008 San Francisco, CA 94107																																													
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																																													
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment Under 37 CFR § 1.312 <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td align="right" colspan="3"><b>Total \$ 00.00</b></td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1050.00	\$525.00	<b>Total \$ 00.00</b>																												
Extension (Months)	Extension Fee																																														
	Large Entity	Small Entity																																													
<input type="checkbox"/> One Month	\$120.00	\$60.00																																													
<input type="checkbox"/> Two Months	\$460.00	\$230.00																																													
<input type="checkbox"/> Three Months	\$1050.00	\$525.00																																													
<b>Total \$ 00.00</b>																																															
<b>Fees for Extra Claims</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Claims remaining after amendment</th> <th rowspan="2">Highest number previously paid for</th> <th rowspan="2">Number Extra</th> <th colspan="2">Rate</th> <th rowspan="2">Additional Fee</th> </tr> <tr> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">16</td> <td style="text-align: center;">21</td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$50.00</td> <td style="text-align: center;">\$25.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$210.00</td> <td style="text-align: center;">\$105.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td style="text-align: center;">\$370.00</td> <td style="text-align: center;">\$185.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Supplemental Information Disclosure Statement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td align="right" colspan="6"><b>Total</b></td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </table>					Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee	Large Entity	Small Entity	Total Claims	16	21	0	\$50.00	\$25.00	\$0.00	Independent Claims	3	4	0	\$210.00	\$105.00	\$0.00	Multiple Dependent Claims				\$370.00	\$185.00	\$0.00	Supplemental Information Disclosure Statement							<b>Total</b>						\$0.00
	Claims remaining after amendment	Highest number previously paid for	Number Extra					Rate			Additional Fee																																				
				Large Entity	Small Entity																																										
Total Claims	16	21	0	\$50.00	\$25.00	\$0.00																																									
Independent Claims	3	4	0	\$210.00	\$105.00	\$0.00																																									
Multiple Dependent Claims				\$370.00	\$185.00	\$0.00																																									
Supplemental Information Disclosure Statement																																															
<b>Total</b>						\$0.00																																									
<b>Fee Payment</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Extension Fees</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>RCE Fee</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: center;">\$0.00</td> </tr> </table>		Extension Fees	\$0.00	Fees for Extra Claims	\$0.00	RCE Fee	\$0.00	<b>Total</b>	\$0.00	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .																																					
Extension Fees	\$0.00																																														
Fees for Extra Claims	\$0.00																																														
RCE Fee	\$0.00																																														
<b>Total</b>	\$0.00																																														
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of: \$0.00. <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1456, facsimile transmitted to the U.S. Patent Office at Fax No. (571) 273-8300, or electronically filed, on the date shown below:  By: <u>Leslie Mills</u> Date: <u>July 18, 2008</u>		Please direct all telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107  Respectfully Submitted,  By: <u>Ashok K. Janah</u> Date: <u>July 18, 2008</u> Registration No. 37,487																																													